

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Texas

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

44-2086

Hill Country Telephone Cooperative, Inc.

Study Area Code(s) (SAC)

ETC Name(s)

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Solix Inc. prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial _____

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
891	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
902	341	341	

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

Signature of Officer

General Manager *Chief Executive Officer*

Title of Officer

Person Completing this Certification Form

Delbert Wilson

Printed Name of Officer

Date

(830) 367-5333

Contact Phone Number

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Submit to USAC using only ONE method:

Fax to: (202) 776-0080
E-mail to: LiVerifications@usac.org
Mail to: USAC - Low Income Program
2000 L Street, NW, Suite 200
Washington, DC 20036

Filing Instructions: Submit to USAC via one of the methods below.

1. Submit electronically via USAC's E-File portal. Instructions are available at www.usac.org.
2. Fax to (202) 776-0080.
3. Email to LiVerifications@usac.org.
4. Mail to USAC – Low Income Program, 2000 L Street NW, Suite 200, Washington, DC 20036.

Information Fields:

State

Enter the state for which the eligible telecommunications carrier (ETC) is filing this certification. An ETC must provide a certification form for each state in which it provides Lifeline service. Use a separate *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for each state.

Study Area Code(s) SAC

Enter the six-digit study area code (SAC), or codes, for the state for which the certification is filed. An ETC may include multiple SACs on one form only if the ETC has more than one SAC in the state indicated.

ETC Name(s)

Enter the corporate name of the ETC submitting the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

Holding Company Name(s)

Enter the corporate name of the holding company of the ETC.

Denise Salter

From: Shirley Allen
Sent: Wednesday, December 19, 2012 12:55 PM
To: Denise Salter
Subject: FW: FCC Form 555 Box I-L - 200000034
Importance: Low

From: Maciej, Michael [mailto:Mike.maciej@solixinc.com]
Sent: Wednesday, December 19, 2012 12:48 PM
To: Shirley Allen
Subject: FCC Form 555 Box I-L - 200000034
Importance: Low

Shirley McCubbin
Hill Country Telephone Cooperative, Inc.
TSP 200000034

FCC Form 555 is the form ETCs will need to file by January 31st of each year.

This form has been posted on the USAC website and should be used for your submission:
<http://www.usac.org/li/tools/reference-area.aspx>

It is the responsibility of each ETC to submit the FCC Form 555. The LIDA will not submit the form, but is providing supporting information for box I-L of Form 555.

No. of Subscribers whose eligibiltiy was reviewed by the LIDA or by ETC access to eligibility data (I)	No. of Subscribers whose eligibility was examined by the LIDA or ETC access to eligibility data and found to be ineligible (J)	No. of Customers de-enrolled or scheduled to be de-enrolled as a result of a finding of ineligibility (K)	No. of Subscribers who de-enrolled prior to recertification attempt (L)
902	341	341	

This data is based on the November 30, 2012 discount file compared to the discount file provided on May 31, 2012.

The information being presented to the ETC's by the LIDA is strictly using the Lifeline matches for recertification and does not reflect the actual Lifeline discounts companies gave. Neither the LIDA nor the PUC have that information.

Jay Stone

LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002433

Serving Area (2) 442086

<p>(3)</p> <p>Company Name: <u>HILL COUNTRY TELEPHONE COOPERATIVE, INC</u></p> <p>Mailing Address: <u>P O DRAWER D</u> <u>INGRAM, TX 78025</u></p> <p>Contact Name: <u>APRIL HANSARD</u></p> <p>Telephone Number: <u>(830) 367-5333</u></p> <p>Fax Number: <u>(830) 367-5993</u></p> <p>E-mail Address: <u>ahansard@hctc.coop</u></p>	<p>(4)</p> <p>a) Submission Date <u>June 1, 2012</u></p> <p>b) Data Month <u>May 2012</u></p> <p>c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/></p> <p>d) State Reporting <u>TEXAS</u></p>
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Lifeline		# Lifeline Subscribers (a)		Lifeline Support/ Subscriber (b)*		Total Lifeline Support (c)
Tier 1 Low-Income Subscribers						
receiving federal Lifeline Support	(5)	<u>891</u>	x	\$ <u>6.50</u>	=	\$ <u>5,792</u>
Tier 2 Low-Income Subscribers						
receiving federal Lifeline Support	(6)	<u>891</u>	x	\$ <u>1.75</u>	=	\$ <u>1,559</u>
Tier 3 Low-Income Subscribers						
receiving federal Lifeline Support	(7)	<u>891</u>	x	\$ <u>1.75</u>	=	\$ <u>1,559</u>
Tier 4 Low-Income Subscribers						
receiving federal Lifeline Support	(8)		x	\$ <u>0</u>	=	\$ <u>0</u>

Check box to the right if **partials** or **pro rata** amounts are used. Indicate dollar amount, if applicable, on line 9. ☐ \$ _____ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 8,910 (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)

* For multiple rates, use an average amount

Link Up		Non-Tribal (a)		Tribal (b)		Total Link Up (c)
Number of Connections waived	(11)	<u>0</u>		<u>0</u>		
Charges waived per Connection*	(12)	\$ <u>0</u> (\$30)		\$ <u>0</u> (\$100 max)		
Total Connection charges waived	(13)	\$ <u>0</u>		\$ <u>0</u>		
Deferred Interest	(14)	\$ <u>0</u>		\$ <u>0</u>		
Total Link Up dollars waived	(15)	\$ <u>0</u>	+	\$ <u>0</u>	=	\$ <u>0</u> (15c)

* For multiple rates, use an average amount

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS	(16)	\$ <u>3.000000</u>	
Number of subscribers for whom TLS initiated	(17)	<u>6</u>	
Total TLS dollars claimed			\$ <u>18</u> (18)

ETC Payment (19)			
Total Lifeline \$	<u>8,910</u>	Total TLS	\$ <u>18</u>
Total Link Up \$	<u>0</u>		
Total Dollars			\$ <u>8,928</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free